



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

HA0001419258

INSTALLATION ADDRESS

GENERAL CONNECTOR CORP
80 BRIDGE ST
NEWTON

MA 02158

80 BRIDGE ST
NEWTON

MA 02158



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	MAD001419258	
I. NAME OF INSTALLATION	GENERAL CONNECTOR CORP	
II. INSTALLATION MAILING ADDRESS	80 BRIDGE ST NEWTON	MA 02168
III. LOCATION OF INSTALLATION	80 BRIDGE ST NEWTON	MA 02168

FOR OFFICIAL USE ONLY

[illegible]

15 16													17		18				
INSTALLATION'S EPA I.D. NUMBER													APPROVED		DATE RECEIVED (yr., mo., & day)				
S																			
F	M	A	A	0	0	1	4	1	9	2	5	8	3	1			8		
	4	2																	

AUG 18 3 20 PM '80

I. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

[illegible]

CITY OR TOWN															ST.		ZIP CODE			
C																				
4																				

III. LOCATION OF INSTALLATION

[illegible]

CITY OR TOWN															ST.	ZIP CODE
C																
6																
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																							
C																																						
2	P	R	U	S	S	M	A	N	N	R	O	B	E	R	T		M	A	N	U	F.	M	G	R.			6	1	7	-	2	4	4	-	5	7	0	6
15	16														45	46	-	48	49	-	51	52	-	55														

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
8	GENERAL CONNECTOR CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (<i>complete item C</i>)
---	--

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

S	W	M	A	D	O	C	1	9	1	9	2	5	8	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 7 23 - 26	2 F 0 0 9 23 - 26	3 F 0 0 1 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 D 0 0 6 23 - 26	32 P 0 9 8 23 - 26	33 P 1 0 4 23 - 26	34 P 1 0 6 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Robert Prussmann

NAME & OFFICIAL TITLE (type or print)

ROBERT PRUSSMANN MGR. MFG.

DATE SIGNED

8-15-80

EPA Form 8700-12 (6-80) REVERSE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----

CONTINUE ON REVERSE

EPA Form 8700-12 (6-80)

CERTIFIED MAIL - RECEIPT RETURN REQUESTED

Mr. Bruce Gordon, Production Manager
General Connector Corporation
80 Bridge Street
Newton, MA 02158

6/11/84

RCRA RECORDS CENTER
FACILITY General Connector
I.D. NO. MAD001419258
FILE LOC. FRC
OTHER _____

RE: EPA I.D. Number MAD001419258

Dear Mr. Gordon:

This letter is in response to your letter of May 26, 1983 requesting the return of your Part A permit application. From the information provided, it appears that the facility does not require a RCRA permit under Section 3005 of the Act and 40 CFR Part 270.1(b) (formerly 40 CFR Part 122.21(c)). This section requires owners and/or operators of hazardous waste treatment, storage, and disposal facilities to obtain a permit for these activities. A facility that does not and will not treat, store, or dispose of hazardous waste does not require a RCRA permit.

EPA is returning your Part A permit application and has changed your company's status to a generator of hazardous waste. Under 40 CFR Part 270.1(c)(2) (formerly 40 CFR Part 122.21(a)(2)), a generator of hazardous waste is allowed to accumulate hazardous waste on site for up to 90 days in accordance with 40 CFR 262.34 without a RCRA permit.

You should be aware that under Massachusetts Regulations, 310 CMR 30.605, there are special requirements for companies with wastewater treatment units. In particular, your company must submit a waste analysis plan by April 16, 1984 to the Department of Environmental Quality Engineering Division of Hazardous Waste (DEQE/DHW) and the local sewer authority, if the unit was in existence on October 15, 1983. If you have any questions relative to this matter, you should contact Steve Dreeszen of the DEQE/DHW at (617) 292-5832.

If EPA's interpretation is incorrect or if the facility is in fact one which is required to have a permit under Section 3005, a complete RCRA Part A permit application (EPA Forms 3510-1 and 3510-3) must be completed and resubmitted to this office by 7/20/84. If hazardous waste is treated, stored, or

CONCURRENCES

SYMBOL	SWPB	SWPB	SWPB				
SURNAME	C. W. W. W.	M. C. S.	J. L.	L. H. W.			
DATE	5/3/84	5/4/84	5/29/84	5/29/84			

✓ disposed of at the facility referenced above and the applicant fails or refuses to submit a complete Part A permit application by the date stated above, appropriate enforcement action may be taken.

If you have any questions, please contact Jacob Edwards at (617) 223-1923. All replies should be addressed to:

U.S. Environmental Protection Agency
State Waste Programs Branch
JFK Federal Building, Room 1903
Boston, MA 02203

Sincerely,

Dennis A. Huebner, Chief
State Waste Programs Branch

cc: Nancy Wrenn
DEOE, DHW

CONCURRENCES

SYMBOL	SWPB							
SURNAME	JZ							
DATE	4/11/84							

284 840 683
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
General Connector Corp.
STREET AND NO.
80 Bridge St.
P.O., STATE AND ZIP CODE
Newton Ma 02158

POSTAGE \$

CERTIFIED FEE \$

SPECIAL DELIVERY \$

RESTRICTED DELIVERY \$

CONSULT POSTMASTER FOR FEES

OPTIONAL SERVICES

RETURN RECEIPT SERVICE

SHOW TO WHOM AND DATE DELIVERED \$

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY \$

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY \$

SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY \$

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE

MAJESTIC MAIL SERVICE
JUN 13 1980
NEWTON, MA

PS Form 3800, Apr. 1976

001419258
P35 1375186
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
General Connector Corp.
STREET AND NO.
80 Bridge St.
P.O., STATE AND ZIP CODE
Newton, MA 02158

POSTAGE \$

CERTIFIED FEE \$

SPECIAL DELIVERY \$

RESTRICTED DELIVERY \$

CONSULT POSTMASTER FOR FEES

OPTIONAL SERVICES

RETURN RECEIPT SERVICE

SHOW TO WHOM AND DATE DELIVERED \$

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY \$

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY \$

SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY \$

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE

MAJESTIC MAIL SERVICE
JUN 13 1980
BOSTON, MA

PS Form 3800, Apr. 1976

PS Form 3811, Dec. 1980

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" section on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
☐ Show to whom and date delivered
☐ Show to whom, date, and address of delivery ..

2. ☐ RESTRICTED DELIVERY
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. ARTICLE ADDRESSED TO: Mr. Bruce Gordon
General Connector Corporation
80 Bridge Street
Newton, Mass. 02158

4. TYPE OF SERVICE: ☐ REGISTERED ☐ INSURED
☐ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER
P278 500185
284840683

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent
Michael Bell

5. DATE OF DELIVERY
6-12-80

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS
Cfr

MAJESTIC MAIL SERVICE
JUN 13 1980
BOSTON, MA

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

MAD 001419258

DONE BY: Maria Gules
DATE: 6/11/84

PART A RETURN MAINT FORM

FACILITY I.D. #: MAD001419258

NOTIF SCREEN:

1. Delete T-S-D , *add generator*
2. Delete Facility Status

FC CARD:

1. Comment: 4

C1 CARD:

1. Delete Process Codes: SØ1.

PART A SCREENS:

1. SCREEN #2: Delete Map and Nature of Business
2. SCREEN #3: Delete Date Rec'd
Existence Date
Permit Status
3. SCREEN #5: Delete Drawings and Photos

OTHER:



ANTHONY D. CORTESE, Sc. D.
Commissioner

The Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Quality Engineering
Division of Hazardous Waste
One Winter Street, Boston, Mass. 02108

TO: Gary Gosbee, EPA State Wastes Program

FROM: Linda Benevides, DEQE DHW

THROUGH: Nancy Wrenn

DATE: March 28, 1984

The following changes of status have been approved by this Department:

Region 1:

- | | | |
|---|----------|-----------------------|
| ✓ 1. Pochemco | Chicopee | G- Remove from system |
| (previous change of 2-28-84 was in error) | | |

Region 2:

- | | | |
|--------------------------------------|----------------|--------------------------|
| ✓ 1. Marlboro Foundry (MAD001066604) | Marlboro | G - SQG |
| ✓ 2. McNeil & Sons Auto Painting | (MAD019740356) | TSD - Remove from system |
| 3. Info, Inc. | (MAD045910940) | G - SQG |

Region 3:

- | | | |
|-------------------------------------|-----------------|-----------------------|
| ✓ 1. Boston Edison Materials Center | (MAD0008455412) | TSD/Trans/G - G only |
| ✓ 2. General Connector Corp. | (MAD001419258) | TSD - G/WWTU |
| 3. Truesdale Co. | (MAD076619287) | G/Trans - SQG/Trans |
| ✓ 4. Standards Storage Co., Inc. | (MAD003774247) | G/TSD - SQG only |
| 5. ID Machine Co., Inc. | (MAD001038355) | TSD - SQG (No Part A) |
| ✓ 6. General Electric Co. | (MAD000791814) | TSD/G/Trans - G only |
| ✓ 7. Chatel Engineering Co., Inc. | (MAD048268528) | G - SQG/WWTU |
| ✓ 8. Bellofram Corp. | (MAD001041391) | TSD - G only |

Region 4:

- | | | |
|---|----------------|--|
| ✓ 1. Woods Hole Oceanographic Institution | (MAD059718320) | TSD - SQG (No Part A) |
| ✓ 2. Charles A. Richardson | (MAD001059112) | TSD - G (Regional approval
already submitted) |

MEMORANDUM - CHANGE OF STATUS REQUEST

TO: Nancy Wrenn
DEQE - DHW
1 Winter Street
Boston 02109

NAME OF CO: GENERAL CONNECTOR CORP.
MAD: MAD. 0.01419258

CURRENT STATUS TSDF

CHANGE REQUESTED TSDF → GEN

PROCESS CODES, if TSDF 501

DATE OF INSPECTION 3/30/83

FURTHER ACTION NEEDED MUST BE REINSPECTED
TO ENSURE COMPLIANCE
CHANGE APPROVED WITH 30.605 & POSSIBLY
30.383

FROM: IDA BABROUDI

REGION: NE

DATE: 2/27/84

Description of Current Status, changes in processes, listing each code:

General Connector Corporation is a large quantity generator. They also operate a wastewater treatment system.

Wastes generated at this facility are:

1. Spent 1,1,1-trichloroethane^{and}
2. Spent plating bath solutions and spent stripping and cleaning bath solutions from electroplating operations (not usual waste streams).

The change is approved by this office since the company removes all hazardous waste within ninety days of generation and does not operate a storage facility. Note that a follow-up inspection is necessary to determine compliance with 30.605 and possibly 30.383.

cc: Community official Paul Moan, Coordinator of Environmental Health,
Newton City Hall, 1000 Commonwealth Avenue, Newton
Centre, MA - 02159

7/7/83

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1.

2.

3.

4.

5.

<input checked="" type="checkbox"/> Action	File	Note and Return
<input checked="" type="checkbox"/> Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

This request needs state approval:
 General Connector Corporation MAD 0014/92
 request a change of status from TSD
 to Generator was advised by inspector
 of DEQE

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
 clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Jacob Edwards

Room No.—Bldg.

JFK 1903

Phone No.

223-3468

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
 Prescribed by GSA
 FPMR (41 CFR) 101-11.206

MAY 31 1983 SDI



GENERAL CONNECTOR CORPORATION
A Subsidiary of The Union Corporation

80 Bridge St., Newton. Mass. 02158

Tel. 617 244-5706

May 26, 1983

State Waste Programs Branch
United States E.P.A., Region I
JFK Federal Building, Room 1903
Boston, Mass. 02203

Attn: Ms. Mary Sanderson

Subject: Converting Status of General Connector Corp.
(EPA Identification Number MAD001419258) from
"TSD Facility" to "Generator".

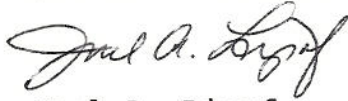
Dear Ms. Sanderson:

On March 30, 1983, the General Connector Corp. was visited by an agent of the Massachusetts Department of Environmental Quality Engineering for the purpose of inspecting our plant for compliance with "Massachusetts Hazardous Waste Management Regulations - 310 CMR, 30.000 - 30.890". During this inspection we were appraised of the fact that we are not a "Treatment, Storage, and Disposal Facility", but, in fact, merely a "Generator". We were then advised by this agent of D.E.Q.E. to write a letter to you requesting declassification from a "TSD Facility" to "Generator".

Enclosed, please find a copy of our original "Notification of Hazardous Waste Activity" dated August 15, 1980, and signed by Robert Prussmann. I have circled in red, Section VI, where the mistake was made. Because of a misinterpretation of the definition of TSDF, Mr. Prussmann made the wrong choice when classifying our operation. We do not receive hazardous waste from any off-site locations and we always ship out any stored waste within the allotted 90 day time frame. As far as we know, by meeting these qualifications we should be classified as a "Generator".

Your prompt attention in this matter would be greatly appreciated.

Very truly yours,
GENERAL CONNECTOR CORPORATION



Joel A. Lipof
Finishing Department Manager



Bruce Gordon
Production Manager

JAL/cg

cc: Ms. Linda Benevides
DEQE, Div. of Hazardous Waste
One Winter Street, 8th Floor
Boston, Mass. 02108

DEQE, Met. Boston/Northeast Region
323 New Boston Street
Woburn, Mass. 01801

J. Bille - GCC
D. Coran - GCC

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐(2) FORM 3 MISSING ☐B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐C. (1) DATE of OPERATION MISSING ~~☒~~(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐20) ^{11/80} Notifier
D. ²¹ NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐E. (1) FORM 1, XIII B SIGNATURE missing ☐(2) FORM 3, IX B SIGNATURE missing ☐2. A. HANDLER ☒B. NONREGULATED ☐C. UNSURE ☐D. UNKNOWN FACILITY
(missing name and address on Form 3) ☐E. NEW FACILITY ☐F. CORE ITEM(S) MISSING ☐G. NON-CORE ITEM(S) MISSING ☒H. OTHER ☐

Coded:
017-country code
4221450-lat
07112250-long
21

7/23
R

ITEM NUMBER

- II. Pollutant Characteristics ☐
- *III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
 - A. Street or P.O. Box ☐
 - B. City or Town ☐
 - C. State ☐
 - D. Zip Code ☐
- VI. Facility Location
 - *A. Street, Route Number ☐
 - B. County Name ☐
 - *C. City or Town ☐
 - *D. State ☐
 - E. Zip Code ☐
 - F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
 - *A. Name ☐
 - *B. Is the name listed in VIII-A also the owner ☐
 - C. Status of operator ☐
 - D. Phone ☐
 - *E. Street or P.O. Box ☐
 - *F. City or Town ☐
 - *G. State ☐
 - H. Zip Code ☐

- IX. Indian Land ☐
- X. Existing Environmental Permits ☐
- XI. Map ☐
- XII. Nature of Business ☐
- XIII. Certification
 - A. *1. Name and ☐
 - 2. Official Title ☐
 - *B. Signature ☐
 - *C. Date Signed ☐

Comments:

Form 1 is missing ☐

Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐
2. New Facility Date (after November 19, 1980) ☐

*III. Processes

- A. Process Code ☐
- B. Process Design Capacity-Amount
 1. Amount ☐
 2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

- A. EPA Hazardous Waste Number ☐
- B. Estimated Annual Quantity ☐
- C. Unit of Measure ☐
- D. Processes
 1. Process Codes ☐
 2. Process Description ☐

V. Facility Drawing ☒

VI. Photographs ☐

VII. Facility Geographic Location ☐

VIII. Facility Owner

- *1. Name of Facility's Legal Owner ☐
2. Phone ☐
- *3. Street or P.O. Box ☐
- *4. City or Town ☐
- *5. State ☐
6. Zip Code ☐

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RE:

MAD0001419258

6/25/87

Dear Hazardous Waste Permit Applicant:

The Environmental Protection Agency (EPA) has reviewed for completeness Part A of a RCRA permit application for the facility referenced above. The Agency has determined that the information items marked below are missing. These items must be completed and the application returned to this office by 7/15/87 in order for the Agency to determine whether the owner or operator of the facility qualifies for interim status.

THE FOLLOWING ITEMS MUST BE CORRECTED OR COMPLETED:

- ☐ Information regarding the facility owner and operator is inconsistent or missing.
- ☒ Process codes listed in Form 3 IV D are not among those listed under "Process Design Capacity", Form 3 III A.
- ☒ Units of measure are missing or inappropriate. Please refer to list of possible units of measure for each process code.
- ☐

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

NO. 100 FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

PERMITS DIVISION
JUN 20 1987
RECEIVED

6/25/87

RE:

MAD001419258

Dear Hazardous Waste Permit Applicant:

The Environmental Protection Agency (EPA) has reviewed for completeness Part A of a RCRA permit application for the facility referenced above. The Agency has determined that the information items marked below are missing. These items must be completed and the application returned to this office by 7/15/87 in order for the Agency to determine whether the owner or operator of the facility qualifies for interim status.

THE FOLLOWING ITEMS MUST BE CORRECTED OR COMPLETED:

- ☐ Information regarding the facility owner and operator is inconsistent or missing.
- ☒ Process codes listed in Form 3 IV D are not among those listed under "Process Design Capacity", Form 3 III A.
- ☒ Units of measure are missing or inappropriate. Please refer to list of possible units of measure for each process code.
- ☐

THANK YOU FOR THE PERSONAL
HELP IN CLARIFICATION.

OT Power

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER MAD001419258 III. FACILITY NAME GENERAL CONNECTOR CORP V. FACILITY MAILING ADDRESS 80 BRIDGE ST NEWTON MA 02158 VI. FACILITY LOCATION 80 BRIDGE ST NEWTON MA 02158
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GENERAL INSTRUCTIONS
 If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY
 1 SKIP

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 ROBERT D. PRUSSMANN MGR MFG	617 244 5706

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 80 BRIDGE STREET	4 NEWTON	MA	02158

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 80 BRIDGE STREET	MIDDLESEX	6 NEWTON	MA	02158	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
C. THIRD										D. FOURTH									
(specify)										(specify)									

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?																			
GENERAL CONNECTOR CORPORATION																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																																							
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										6 1 1 7 2 4 4 5 7 0 6																																							
S = STATE										O = OTHER (specify)																																																											
P = PRIVATE																																																																					
E. STREET OR P.O. BOX																																																																					
80 BRIDGE STREET																																																																					
F. CITY OR TOWN																																								G. STATE										H. ZIP CODE																			
B NEWTON																																								MA										0 2 1 5 8																			

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
9 N																														9 P																													
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
9 U																														(specify)																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
9 R																														(specify)																													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of Electrical Components

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																																								B. SIGNATURE																				C. DATE SIGNED																			
Robert D. Prussmann Manager Manufacturing																																								Robert D. Prussmann																				11/18/80																			

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY

8 7 15

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	DUP	T/A/C	1			
1	2	13	14	15			
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G	5	S 0 1	600	G
X-2	T 0 3	20	E	6	S 0 1	20	U
1	T 0 1	5,100	E	7			
2	T 0 1	600	E	8			
3				9			
4				10			

III. PROCESSES (continued)

C SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T" FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
POUNDS P
TONS T

METRIC UNIT OF MEASURE **CODE**
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

[illegible]

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

RECEIVED
 JUN 30 1980
 PERMITS BRANCH

EPA I.D. NO. (enter from page 1)

5	F	M	A	D	0	0	1	4	1	9	2	5	8	T/A	C
1															6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	2	2	1	4	5
65	66	67	68	69	71

LONGITUDE (degrees, minutes, & seconds)

7	1	1	2	2	5
72	74	75	76	77	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	General Connector Corporation
15	16	

6	1	7	-	2	4	4	-	5	7	0	6
55	56	58	59	61	62	65					

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	80 Bridge Street
15	16	

C	G	Newton
45	15	16

M	A
40	41

0	2	1	5	8
47	51			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)
 Daniel W. Coran
 Exec. V.P./GM

B. SIGNATURE



C. DATE SIGNED

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)
 Robert D. Prussmann
 Manager Manufacturing

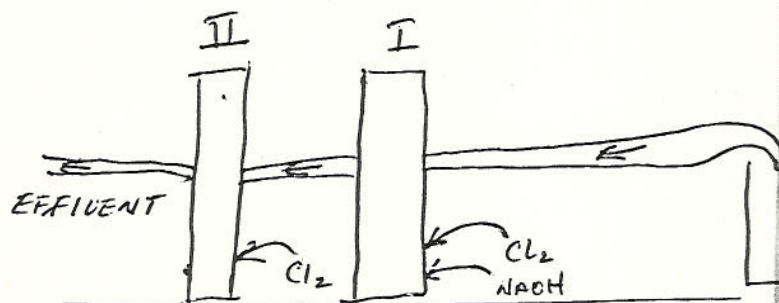
B. SIGNATURE



C. DATE SIGNED

11/18/80

FINALIZER - FOR DESTRUCTION OF CYANIDE



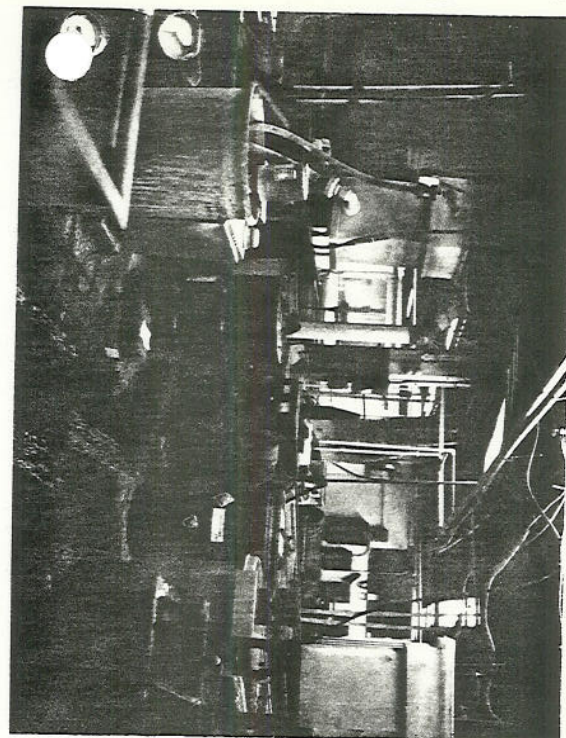
CN in (I) to CNO_2

CNO in II to $\text{CO}_2 + \text{N}_2$

METAL REMOVAL



CONSTANT PLATE OUT OF EITHER
GOLD, CADMIUM, OR COPPER
5 UNITS IN OPERATION



FORM 1
GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

EPA I.D. NUMBER
MAD001419258

I. EPA I.D. NUMBER
MAD001419258

III. FACILITY NAME
GENERAL CONNECTOR CORP

V. FACILITY MAILING ADDRESS
80 BRIDGE ST
NEWTON MA 02158

VI. FACILITY LOCATION
80 BRIDGE ST
NEWTON MA 02158

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY
1 SKIP GENERAL CONDUCTOR CORP

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)
2 PRUSSMANN ROBERT D MGR MFG

B. PHONE (area code & no.)
617 244 5706

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
3 80 BRIDGE STREET

B. CITY OR TOWN
4 NEWTON

C. STATE
MA

D. ZIP CODE
02158

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 80 BRIDGE STREET

B. COUNTY NAME
MIDDLESEX

C. CITY OR TOWN
6 NEWTON

D. STATE
MA

E. ZIP CODE
02158

F. COUNTY CODE (if known)

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7			(specify)	7			(specify)
15	16	17	18	15	16	17	18
C. THIRD				D. FOURTH			
7			(specify)	7			(specify)
15	16	17	18	15	16	17	18

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
8 GENERAL CONNECTOR CORPORATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	16	66

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P	(specify)
55		6	1
		7	2
		4	4
		5	7
		0	6
		15	16
		17	18
		19	20

E. STREET OR P.O. BOX	
80 BRIDGE STREET	
25	55

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
B NEWTON		M A	0 2 1 5 8	Is the facility located on Indian lands?
15		16	40	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		41	42	52
		47	51	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9	N	9	P
15	16	17	18
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9	U	(specify)	
15	16	17	18
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9	R	(specify)	
15	16	17	18

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of Electrical Components

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Robert D. Prussmann Manager Manufacturing	Robert D. Prussmann	11/18/80

COMMENTS FOR OFFICIAL USE ONLY

C	
15	16

7. EPA I.D. NUMBER															
B												T/A	C		
F	M	A	D	O	O	1	4	1	9	2	5	8	3	I	
1	2											13	14		

COMMENTS

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)

YR.		MO.		DAY	
73	74	75	76	77	78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Storage:</u>			<u>Treatment:</u>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
<u>Disposal:</u>			<u>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</u>		
INJECTION WELL	D79	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP						T/A	C
						1	
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	F	6			
1	T 0 1	5,100	E	7			
2	T 0 1	600	E	8			
3	T 0 1	68400000	H	9			
4	S 0 1	600 000	G	10			

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
W M A D 0 0 1 4 1 9 2 5 8 3 1													W DUP 2 DUP															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
										1. PROCESS CODES (enter)																		
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	F	0	0	1										P	S	0	1											
2	F	0	0	7										P	S	0	1											
3	F	0	0	9										P	S	0	1											
4	D	0	0	6										L	T	0	1											
5	P	1	0	6										E	T	0	1											
6	P	1	0	4										E	T	0	1											
7	P	0	9	8										E	T	0	1											
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F M A D 0 0 1 4 1 9 2 5 8 3 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: N/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

42 21 45

LONGITUDE (degrees, minutes, & seconds)

71 12 25

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

General Connector Corporation

617-244-5706

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

80 Bridge Street

G Newton

MA 02158

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Daniel W. Coran
Exec. V.P./GM

B. SIGNATURE

Daniel W. Coran

C. DATE SIGNED

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert D. Prussmann
Manager Manufacturing

B. SIGNATURE

Robert D. Prussmann

C. DATE SIGNED

11/18/80



	INSTALLATION'S EPA I.D. NO.
I.	NAME OF INSTALLATION
II.	INSTALLATION MAILING ADDRESS
III.	LOCATION OF INSTALLATION

GENERAL CONNECTOR CORP
80 BRIDGE ST
NEWTON

MA 02158

80 BRIDGE ST
NEWTON

MA 02159

FOR OFFICIAL USE ONLY

COMMENTS

15	16	INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
----	----	--------------------------------	----------	------------------------------------

1	2
I. NAME OF INSTALLATION	

30

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

13	16	CITY OR TOWN
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ST.	ZIP CODE
-----	----------

15 16 III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.	ZIP CODE
-----	----------

15 16 IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

13	10
V. OWNERSHIP	

A. NAME OF INSTALLATION'S LEGAL OWNER

8 GENERAL CONNECTION														
15 16		B. TYPE OF OWNERSHIP (enter the appropriate letter into box)												
		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))												
		<input type="checkbox"/> A. GENERATION <input type="checkbox"/> B. TRANSPORTATION (complete item VII)												

F = FEDERAL
N = NON-FEDERAL

M

☐ A. GENERATION

☒ C. TREAT/STORE/DISPOSE

☐ B. TRANSPORTATION (complete item VII)

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

VIII. FIRST OR SUBSEQUENT NOTIFICATION
 Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification.
 If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

IX. DESCRIPTION OF HAZARDOUS WASTE
Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

8-15-80